

Johnson City Schools  
Field Trip Permission Form

ITIS/LBMS/SHHS Orchestra  
Susan Lambert, Teacher

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
Important Contact Information: Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fathers Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend  
to be held in \_\_\_\_\_ (Student's name)  
(Location) Will leave \_\_\_\_\_ (Date(s))  
(Time and from where)

I agree to the following:

1. I have been provided with all necessary information regarding this field trip, including the purpose, date, approximate time of departure and return, travel plans, number of chaperones and personal expenses.
2. I understand that the teachers in charge of the classes proposing to make the trip will determine which students may participate, however, if a question regarding participation arises, the final decision will be made by the administration.
3. I understand that while on the field trip, student must remain with the group at all times. Written requests for alternative arrangements will be considered, but must be approved in advance of the trip.
4. Students must at all times abide by Johnson City Schools System's Code of Conduct, the SHHS, LBMS and ITIS handbook for students and parents and the regulations of the teacher.
5. Emergency medications and physician orders currently at school may accompany student (ex. Epi-pen, diabetic kit).

**Does student have the following?**

Asthma: No ( ) Yes ( )

Inhaler will be needed and provided by parent/guardian to use on field trip? No ( ) Yes ( )

Instructions: \_\_\_\_\_

Severe Bee Sting Allergy: No ( ) Yes ( )

Epi-Pen and Benadryl will be needed and provided by parent/guardian to use on field trip? No ( ) Yes ( )

Instructions: \_\_\_\_\_

Diabetes: No ( ) Yes ( )

Insulin will be given at school by injection ( ) self ( ) or he/she is self dependent with Insulin Pump.

Instructions: \_\_\_\_\_

Food Allergy: No ( ) Yes ( ) Please list: \_\_\_\_\_

Epi-Pen and Benadryl will be given and provided by parent/guardian to use on field trip? No ( ) Yes ( )

Instructions: \_\_\_\_\_

Seizure Disorder: No ( ) Yes ( )

Medication given at home ( ) on Field Trip ( )

Instructions: \_\_\_\_\_

Medication Allergy: No ( ) Yes ( ) Please list: \_\_\_\_\_

Instructions: \_\_\_\_\_

Other Medical Condition(s): No ( ) Yes ( ) Please list: \_\_\_\_\_

Instructions: \_\_\_\_\_

Other Comments: \_\_\_\_\_

( ) I have read and agree to the above condition and hereby give my permission for my child to attend the listed field trip.

**My child may receive emergency care and I agree to assume all expenses for moving and medical treatment. I consent to any treatment, surgery, diagnostic procedure, or the administration of anesthesia as may be necessary by the physician. (Life threatening situations only)**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date